

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
APPLICANT(S)											
<i>Amth D (cont)</i>							CLAIMS				
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		<i>Amth D</i>					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101											
102											
103											
104											
105											
106											
107											
108											
109											
110											
111											
112											
113											
114											
115											
116											
117											
118											
119											
120											
121											
122											
123											
124											
125											
126											
127		2									
128		2									
129		2									
130		2									
131		2									
132		2									
133		2									
134		2									
135		2									
136		2									
137		2									
138											
139											
140											
141		2									
142		2									
143		2									
144		2									
145		2									
146		2									
147		2									
148		2									
149		2									
150		2									
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											
151		2									
152											
153											
154											
155											
156											
157											
158											
159											
160											
161											
162											
163											
164											
165											
166											
167											
168											
169											
170											
171											
172											
173											
174											
175											
176											
177											
178											
179											
180											
181											
182											
183											
184											
185											
186											
187											
188											
189											
190											
191											
192											
193											
194											
195											
196											
197											
198											
199											
200											
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

# BEST AVAILABLE COPY

1 of 2

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/315796		FILING DATE		
APPLICANT(S)											
<div> <div>AS FILED</div> <div> <div>AFTER 1st AMENDMENT</div> <div>AFTER 2nd AMENDMENT</div> </div> </div>							CLAIMS				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/										
2		/					51	/			
3		/					52	/			
4		/					53	/			
5		/					54	/			
6	/						55	/			
7		/					56	/			
8		/					57	/			
9		/					58	/			
10	/						59	/			
11		/					60	/			
12	/						61	/			
13		/					62	/			
14		/					63	/			
15	/						64	/			
16		/					65	/			
17	/						66	/			
18		/					67	/			
19		/					68	/			
20	/						69	/			
21	/						70	/			
22	/						71	/			
23	/						72	/			
24	/						73	/			
25	/						74	/			
26	/						75	/			
27	/						76	/			
28	/						77	/			
29	/						78	/			
30	/						79	/			
31	/						80	/			
32	/						81	/			
33	/						82	/			
34	/						83	/			
35	/						84	/			
36	/						85	/			
37	/						86	/			
38	/						87	/			
39	/						88	/			
40	/						89	/			
41	/						90	/			
42	/						91	/			
43	/						92	/			
44	/						93	/			
45	/						94	/			
46	/						95	/			
47	/						96	/			
48	/						97	/			
49	/						98	/			
50	/						99	/			
TOTAL IND.	35						TOTAL IND.				
TOTAL DEP.	141						TOTAL DEP.				
TOTAL CLAIMS	176						TOTAL CLAIMS				